

## Intern Application

### The Office of Congressman Steve Daines

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Thank you for your interest in participating in an internship with Congressman Steve Daines. Space for Congressional interns is limited. Internships are unpaid.

Please, fill out this application in its entirety and return to Morgan Darlington at Morgan.Darlington@mail.house.gov or by mail: 910 North Last Chance Gulch, Suite B, Helena, MT 59601. You may also fax your application to: 406-502-1436.

**Full Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**TERM/SEMESTER:** Select your desired semester or term.

Circle your desired location:      Billings                  Helena                  Missoula                  Washington, D.C.

Fall: _____	Start/End Date: _____	Full Time	Part Time
Spring: _____	Start/End Date: _____	Full Time	Part Time
Summer: _____	Start/End Date: _____	Full Time	Part Time

Other: \_\_\_\_\_

**CONTACT INFORMATION:**

Home Address:

\_\_\_\_\_  
\_\_\_\_\_

School Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**GETTING TO KNOW YOU:** Make sure you attach these documents.

- ☐ Attach a brief statement of intent (350 words) that explains why you are applying for this internship.
- ☐ Attach a list of three objectives that you might seek to accomplish while interning in our office.
- ☐ Include a resume with three references with phone numbers.
- ☐ Include a letter of recommendation from a professor or professional reference (non-relative).

☐ Include a sample of your writing.

**ACADEMIC:**

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

Year in School: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

G.P.A: \_\_\_\_\_ Major and Minors: \_\_\_\_\_

Are you interested in obtaining credit for this internship? YES NO

List any special program requirements necessary to obtain credit from your school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have computer experience? Please, explain and list programs you are proficient with:

\_\_\_\_\_

\_\_\_\_\_

\*\*\*By signing this document, you signify that the answers on this form and any attached material are your own content, and the answers you have provided are an honest representation of the requested information.

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

**Return to Morgan Darlington**

Morgan.Darlington@mail.house.gov

910 North Last Chance Gulch, Suite B

Helena, MT 59601

You may also fax your application to: 406-502-1436

For questions call: 406-502-1345